Nursing and Midwifery Council
Fitness to Practise Committee
Substantive Order Review Meeting
22 July 2019

Nursing and Midwifery Council, 2 Stratford Place, Montfichet Road, London, E20 1EJ

Name of registrant: Christina Simona Predi
NMC PIN: 15J0119C
Part(s) of the register: Registered Nurse – Adult
Area of Registered Address: Romania
Type of Case: Misconduct/Lack of Competence
Panel Members: Edward Lucas (Chair, Lay member)
Deborah Hall (Registrant member)
Colin Sturgeon (Lay member)
Legal Assessor: John Bromley-Davenport
Panel Secretary: Deepan Jaddoo
Order being reviewed: Suspension order (12 months)
Outcome: Striking off order to come into effect at the end of 6 September 2019 in accordance with Article 30(1)
Service of Notice of Meeting

The panel considered all the information provided and heard and accepted the advice of the legal assessor.

A notice informing Mrs Predi of this review meeting was posted to her registered address on 17 June 2019 via international mail (tracked).

The panel was satisfied that, in accordance with Rules 11A and 34 of the NMC Fitness to Practise Rules 2004, notice of this meeting had been served effectively.

Decision and reasons on review of the current order

The panel decided to strike Mrs Predi off the register. This order will come into effect at the end of 6 September 2019 in accordance with Article 30 (1) of the Nursing and Midwifery Order 2001 (as amended) (the Order).

This is the first review of a suspension order, originally imposed by a panel of the Fitness to Practise Committee on 7 August 2018 for 12 months. The current order is due to expire at the end of 6 September 2019.

The charges found proved which resulted in the imposition of the substantive order were as follows:

That you, a registered nurse, working at East Kent Hospitals NHS Foundation Trust:

1) On an unknown date, did not provide an unknown patient who had been faecally incontinent with adequate personal care in that you:

   a) Left the patient in the toilet with the door open;

   b) Did not help the patient clean them self;

   c) Did not help the patient into clean clothes;
2) …

3) On 24 October 2016:

   a) Argued with colleagues in front of patient’s family members about assisting patient care;

   b) Took direction from a Band 4 associate practitioner, and were unable to identify the patient needs of our allocated case load independently;

   c) When administering an unknown patient Bisoprol 2.5mgs:

      i) Had to be prompted to check the patient’s blood pressure before administering the drug,

      ii) Were unaware that the dose could be made up of 2x1.25mgs;

   d) Did not work in a timely manner in that you only managed to change one dressing out of the two patients allocated to you who required their dressing to be changed;

   e) Did not complete allocated paperwork to an adequate standard in that you did not complete risk assessments or fluid and food charts as required.

   f) Did not provide sufficient detail during handover;

4) On 25 October 2016:

   a) Did not complete one or more patient’s:

      i) Rounding sheets,

      ii) Fluid balance charts,

      iii) Food charts;

   b) …

   c) Refused to attend to a patient allocated to another colleague when asked to do so;

5) On 29 December 2016:

   a) During a medication round:
i) Selected the wrong nebuliser for an unknown patient,

ii) Did not dispense ferrous fumarate syrup correctly, in that you did not shake the bottle first, or use a syringe to draw the correct amount from the bottle,

iii) Did not ask an unknown patient if she wanted to be administered Adcal,

iv) Administered a phosphate enema to an unknown patient without signing for it,

v) In relation to an unknown patient, dispensed co-careldopa and rotigotine to administer to the patient, when the prescription chart indicated that rotigotine should only be administered if co-careldopa could not be administered,

vi) Were unable to calculate the correct dose of folic acid solution, in that you drew up 5mls of 2.5mgs/5ml solution when the patient was prescribed 5mgs of the medication,

vii) Were unable to calculate the correct dose of levothyroxine solution, in that you said you should draw 12.5mls of 25mcgs/5mls solution when the patient had been prescribed 75mcgs of the medication;

6) On 4 January 2017:

   a) Did not check on your allocated patients to assess their needs without first being prompted to do so;

   b) When asked what an unknown patient’s target oxygen saturation was, said words to the effect of “three litres of oxygen”;

   c) Had to be reminded to clean the observation machine between each patient;

   d) Did not know that after checking an unknown patient’s urine output, this information should have been entered into the patient’s fluid balance chart;

   e) When asked, did not know the purpose of calcium resonium;

   f) When asked, did not know that a patient’s potassium levels should be checked before calcium resonium is administered;

   g) Could not identify ipratropium bromide, when due to administer it to an unknown patient;
h) Indicated that she would put eye drops in both eyes of an unknown patient, when the prescription was for the left eye only;

i) When trying to administer eye drops, nudged the patient with your elbow and said words to the effect of “open your eye”;

j) When you were informed that it was time for handover whilst part way through a medication round, walked away, without having finished administering medication to an unknown patient, and without locking the medication trolley;

k) During handover:

   i) you did not take any notes,
   ii) did not contribute any information;

l) When asked how she would check if an NG tube was in the correct position, indicated that you would pour water into the tube;

7) On 7 January 2017, whilst responsible for the care of four unknown patients, completed rounding charts in respect of one or more of the patients indicating you had completed one or more of the following tasks when you had not:

   a) Checking if the patient was comfortable,

   b) Repositioned the patient,

   c) Ensured a call bell was within reach

   d) Ensured fluids were within reach;

8) On 7 January 2017, whilst responsible for the care of an unknown patient:

   a) Did not keep a full record of the food and/or drink consumed by that patient;

   b) When asked to clarify what had been consumed, shrugged your shoulders and said words to the effect of, “I don’t know”.

AND in light of the above, your fitness to practise is impaired by reason of your misconduct and/or lack of competence.
The panel is reviewing the order pursuant to Article 30(1) of The Nursing and Midwifery Council (Fitness to Practise) Rules Order of Council 2004 (as amended February 2012) (the Rules) (the Order).

The substantive hearing panel determined the following with regard to impairment:

“The panel is of the view that there is high a risk of repetition. The panel considered that there were a catalogue of concerns relating to Ms Predi’s basic nursing practice, including medication management, inaccurate record keeping, failing to provide care, and failing to assist colleagues. These concerns continued for a 6 month period despite significant support and supervision from a number of professionals. Ms Predi undertook training, and was given guidance by a number of people, yet there was little improvement or development in her skills and knowledge. The panel was particularly concerned that Ms Predi did not inform her fellow professionals if she did not understand or have the necessary competence to provide the nursing care required.

The panel was of the view that Ms Predi has not acknowledged that there were any concerns, and in her email response to the NMC Case Officer, claimed that “accusation (sic) about me are a many lies but nobody believe me bcaus (sic) I am Romanian.Ok” The panel concluded that there has been little meaningful engagement with this process by Ms Predi. Accordingly, the panel decided that as a result of this lack of acknowledgment and engagement there is no evidence of insight, or remediation.

The panel considered that Ms Predi displayed a lack of compassion and professionalism when dealing with patients and their families. The panel decided that this was all indicative of a serious attitudinal issue, which the panel considered in addition to her lack of competence and lack of professionalism. The panel noted that any attitudinal issue is by its very nature difficult to remediate.

Accordingly, the panel decided that due to the high risk of repetition identified a finding of impairment is necessary on the grounds of public protection.
The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health, safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel decided that Ms Predi’s misconduct and lack of competence did not uphold the proper standard the public and profession would expect from a registered nurse. Ms Predi has displayed a clear lack of ability, and/or desire to care for patients. This was of particular concern to the panel where her attitude and lack of professionalism compromised patients’ dignity.

Accordingly, the panel decided that in order to uphold professional standards and confidence in the profession a finding of impairment on public interest grounds was required.

Having regard to all of the above, the panel was satisfied that Ms Predi’s fitness to practise is currently impaired.”

The substantive hearing panel determined the following with regard to sanction:

“Before making its determination on sanction, the panel had regard to the aggravating and mitigating features in this case.

The panel considered the aggravating features to be:

- the concerns were wide ranging and were about very basic aspects of nursing practice
- Concerns regarding her practice arose despite additional support which was extensive in nature
- There was no sign of development or progress following support from colleagues and her line manager, and she remained unsafe to work unsupervised
- No insight demonstrated
- Serious attitudinal concerns including a lack of compassion, professionalism, and respect for patient’s dignity which are fundamental to working as a nurse
• Unwillingness to adapt to a different way of working in the UK, including refusal to do certain nursing tasks
• Potential for serious patient harm
• Ms Predi was an experienced nurse, as she had worked as a nurse for 19 years in Romania

The panel considered the mitigating features to be:
• No actual harm resulted to any of the patients in her care
• Ms Predi appears to have had no previous regulatory concerns

The panel considered this case and decided to make a suspension order. The effect of this order is that the NMC register will show that Ms Predi’s registration has been suspended.

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness and risk of repetition identified in this case. The panel decided that it would be neither proportionate nor protect the public nor be in the public interest to take no further action.

Next, in considering whether a caution order would be appropriate in the circumstances, the panel took into account the SG, which states that a caution order may be appropriate where ‘the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.’ The panel considered that Ms Predi’s misconduct was not at the lower end of the spectrum and that a caution order would be inappropriate in view of the seriousness of the case. Furthermore the panel decided that as a result of the identified lack of competence, and risk of repetition, a caution order would not protect the public. Accordingly the panel decided that it would be neither appropriate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Ms Predi’s registration would be a sufficient and appropriate response. The panel is mindful that
any conditions imposed must be proportionate, measurable and workable. The panel took into account the SG, in particular:

Conditions may be appropriate when some or all of the following factors are apparent (this list is not exhaustive):

- no evidence of harmful deep-seated personality or attitudinal problems
- identifiable areas of the nurse or midwife’s practice in need of assessment and/or retraining
- no evidence of general incompetence
- potential and willingness to respond positively to retraining
- the nurse or midwife has insight into any health problems and is prepared to agree to abide by conditions on medical condition, treatment and supervision
- patients will not be put in danger either directly or indirectly as a result of conditional registration
- the conditions will protect patients during the period they are in force
- it is possible to formulate conditions and to make provision as to how conditions will be monitored

The panel determined that there is evidence of attitudinal concerns, general incompetence, and there was a clear unwillingness to respond positively to training. The panel had regard to the email Ms Predi sent to the NMC Case Officer where she states “I don’t (sic) want to work as a nurse (sic) in England never”. This response taken together with her unwillingness to respond to supervision and training whilst working at the Trust indicate that it would not be practicable or workable to formulate conditions. Furthermore the panel concluded that the placing of conditions on Ms Predi’s registration would not adequately address the seriousness of this case nor would it protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG indicates that a suspension order may be appropriate where some of the following factors are apparent:

- does the seriousness of the case require temporary removal from the register?
• will a period of suspension be sufficient to protect patients and the public interest?

The panel had careful regard to the sanction of suspension, and considered all the circumstances of the case. The panel bore in mind that it had not been provided with Ms Predi’s version of events, or any mitigation on her behalf. The panel was of the view that Ms Predi’s misconduct and lack of competence was potentially remediable if Ms Predi were to engage with these proceedings. Accordingly, the panel concluded that a suspension order was the appropriate and proportionate sanction to protect the public and satisfy the public interest. The panel determined that, although there had been a clear breach of fundamental tenets of the profession, the misconduct and lack of competence identified was not fundamentally incompatible with remaining on the register. The panel had no evidence before it that Ms Predi had repeated this misconduct, or that her nursing practice in Romania was of concern.

The panel concluded that the seriousness of the case warranted Ms Predi’s temporary removal from the register and that such a sanction would be sufficient to satisfy the public interest concerns in this case.

The panel further considered whether a striking-off order would be proportionate in Ms Predi’s case. The panel considered the SG guidance and noted that there were elements of this case which could pertain to a striking-off order. The panel bore in mind that there were deep seated attitudinal concerns, and that this was not a single instance of misconduct. However, it had no evidence that the behaviour had been repeated since the incident. The panel was of the view that the concerns regarding Ms Predi’s practice and misconduct were remediable, should she address the deficiencies in her practice and her attitude. The panel noted its duty to impose the least restrictive sanction, and concluded that a striking-off order would be disproportionate. Whilst the panel acknowledges that a suspension may have a punitive effect, it would be unduly punitive to impose a striking off order in Ms Predi’s case. Balancing all of these factors the panel has concluded that a suspension order would be the appropriate and proportionate sanction.
The panel considered that this order is necessary to protect the public, mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

The panel determined that a suspension order for a period of 12 months was appropriate to mark the seriousness of this case. The panel was of the view that in order to address the panel’s concerns Ms Predi would require at least 12 months to remedy her practice and update her clinical skills. The panel had regard to the interim suspension order that has been in place since 2017, however noted that Ms Predi went to Romania shortly after it was imposed and therefore this would have had very little impact on her in terms of restricting her practice. Accordingly, the panel concluded that a period of 12 months was appropriate and proportionate.

At the end of the period of suspension, another panel will review the order. At the review hearing the panel may revoke the order, or it may confirm the order, or it may replace the order with another order. Any future panel may be assisted by evidence of:

- evidence of reflection from Ms Predi, on the effect of her misconduct on patients, her colleagues, her employer, and the reputation of the profession;
- evidence of training and development of her knowledge to show an understanding of, and a commitment to, practising as a nurse in the UK;
- up to date testimonials that address her attitude towards patient and colleagues, and her clinical practice; and
- Ms Predi’s engagement with the NMC, and her attendance at the review hearing whether in person, by telephone, or any other means.”
Decision on current fitness to practise

This panel has considered carefully whether Mrs Predi’s fitness to practise remains impaired. Whilst there is no statutory definition of fitness to practise, the NMC has defined fitness to practise as a registrant’s suitability to remain on the register without restriction. In considering this case, the panel has carried out a comprehensive review of the order in light of the current circumstances. It has noted the decision of the last panel. However, it has exercised its own judgment as to current impairment.

The panel has had regard to all of the documentation before it, including the NMC bundle.

The panel heard and accepted the advice of the legal assessor.

The panel noted that at her substantive hearing, Mrs Predi notified the NMC that she “never” wishes to practice again in the United Kingdom. The panel has received no new meaningful information from Mrs Predi, despite the previous panel’s express indication that it would assist Mrs Predi if she engaged. In the panel’s view, this demonstrates a persistent lack of insight and lack of engagement with the NMC.

In light of Mrs Predi’s lack of meaningful engagement since her substantive hearing, the panel has been provided with no up to date evidence on which it can form any view as to whether there has been any material change in Mrs Predi’s current circumstances, insight or remediation. The panel considered that Mrs Predi has had ample opportunity to demonstrate this. The panel noted that the concerns surrounding Mrs Predi’s practice extend to issues surrounding her attitude and lack of compassion shown towards patients under her care. The panel determined that Mrs Predi still remains liable to repeat clinical failings of the kind found proved. The panel therefore decided that a finding of continuing impairment is necessary on the grounds of public protection.

Further, the panel determined that public trust and confidence in the profession would be undermined if a finding of impaired fitness to practise was not made in these particular circumstances. Having regard to all of the above, the panel was satisfied that
a finding of Mrs Predi’s fitness to practise to be currently impaired is necessary on the grounds of public protection and is otherwise in the public interest.

**Determination on sanction**

Having found Mrs Predi’s fitness to practise currently impaired, the panel then considered what, if any, sanction it should impose in this case. The panel noted that its powers are set out in Article 29 of the Order. The panel has also taken into account the NMC’s Sanctions Guidance and has borne in mind that the purpose of a sanction is not to be punitive, though any sanction imposed may have a punitive effect and may have a significant financial impact and may cause hardship. The panel took into account the principle of proportionality, balancing protection of the public as well as the wider public interest against Mrs Predi’s own interests.

The panel first considered whether to take no action and allow the current order to lapse at its expiry. The panel has identified an ongoing risk of repetition and risk of harm to patients given the lack of up to date information in respect of Mrs Predi’s misconduct. In the absence of any information which would indicate a positive change in circumstances, the panel concluded that taking no action would be wholly inappropriate as it would be insufficient to protect the public and satisfy the public interest in the maintenance of public confidence in the profession.

The panel next considered whether to replace the current order with a caution order. However, for the reasons as set out above, the panel concluded that a caution order would neither be sufficient to protect the public nor would it be in the public interest as it would allow her to return to unrestricted practice and would therefore not address the particular risks associated with her misconduct.

The panel next considered whether a conditions of practice order was an appropriate or proportionate response in this case. The panel is mindful of the nature of the misconduct and Mrs Predi’s lack of engagement. As she has not engaged since her substantive hearing, the panel has no up to date information regarding a positive change in Mrs Predi’s practice or as to whether she has remediated her misconduct or reflected on her failings.
The panel noted that the previous panel’s finding, that Mrs Predi demonstrated an unwillingness to respond positively to training. The panel had no information before it to suggest that this has changed, to the contrary, Mrs Predi has indicated that she “never” wishes to practice in the UK. The panel therefore could not be satisfied that Mrs Predi would be willing to comply with any conditions imposed. In the circumstances, the panel has concluded that it would not be possible to formulate appropriate and workable conditions.

The panel went on to consider the imposition of a further period of suspension.

The panel noted that Mrs Predi has not provided the NMC or this panel with any evidence of sufficient remorse, or remediation. Further, Mrs Predi has not demonstrated any further insight into her previous failings. The panel determined that Mrs Predi’s conduct was unacceptable and a significant departure from the standards of conduct and behaviour expected of a registered nurse. The panel was of the view that it had been made clear to Mrs Predi that considerable evidence would be required to show that she no longer posed a risk to the public. She had failed to provide any such evidence. The panel considered that Mrs Predi’s failure to engage with her regulator is extremely grave.

Given the lack of information into Mrs Predi’s current practice, level of remorse and remediation, and her lack of insight and lack of any meaningful engagement with her professional regulator since her substantive hearing, this panel is of the view that a suspension order would serve no useful purpose and would not be sufficient to satisfy the public interest.

The panel noted that the previous panel at Mrs Predi’s substantive hearing had set out to her the actions which she would need to pursue to enable her to return to safe practice. However, this panel has not been provided with any information as to her willingness to do so. The panel determined that there remained deep-seated attitudinal issues and noted that Mrs Predi has indicated that she has no desire to return to nursing practice within the UK.
The panel was therefore of the view that public confidence in the NMC as a regulator could not be sustained when a registrant has not shown any positive steps towards remedying the concerns identified by a previous panel and persists in her refusal to engage or take the steps necessary to remediate her practice.

In the panel's view, there is no public interest in indefinite reviews of an order where there has been no engagement from the registrant. Given Mrs Predi’s lack of engagement and the lack of information into Mrs Predi’s current circumstances, insight, level of remorse and remediation, the panel is of the view that a striking off order is the only order sufficient both to protect the public and to satisfy the public interest.

The panel therefore concluded that it was necessary to take action to prevent Mrs Predi from practising in the future and concluded that the only sanction that would adequately protect the public was a striking-off order.

The panel therefore imposed a striking off order, in accordance with Article 30 (1) of the Order, which will come into effect at the end of 6 September 2019.

This decision will be confirmed to Mrs Predi in writing.

That concludes this determination.